

**APPEARANCE OF COUNSEL**

DOCKET NO(S).

**Trial Court of Massachusetts  
Juvenile Court Department**

DIVISION

CASE NAME: \_\_\_\_\_

**To the Clerk-Magistrate:**

Please enter my appearance as attorney for \_\_\_\_\_  
in the above numbered court action.

Attorney Name:

B.B.O. Number (Required):

Attorney Firm or Agency:

Telephone Number:

(     )

Street Address:

Fax Number:

(     )

City/Town:

State

Zip code

X \_\_\_\_\_  
SIGNATURE OF ATTORNEY\_\_\_\_\_  
DATE